

# **Exhibit A**

# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: EMERGENCY DEPT TRIAGE NOTE  
 STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE  
 DATE OF NOTE: AUG 02, 2014@20:50 ENTRY DATE: AUG 02, 2014@23:07:14  
 AUTHOR: WHITLEY, ELIZABETH A EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

\*\*\* EMERGENCY DEPT TRIAGE NOTE Has ADDENDA \*\*\*

Arrived via:  
 POV  
 Wheelchair

CHIEF COMPLAINT: Pt dc'd home, was walking out to POV with ride home on crutches, lost footing and fell forward into bike rack, going between bars and hitting head on ground. Lacerations, skin abrasions to rt forehead, bump to rt forehead. No LOC, minimal bleeding to forehead. Pt alert and oriented, denis pain, just scrape to head, requesting to go home now.

**VITALS:**

TEMP: 97.5 F [36.4 C] (07/08/2014 11:15)  
 RESP: 14 (08/02/2014 20:50)  
 PULSE: 81 (08/02/2014 20:50)  
 BP: 113/64 (08/02/2014 20:50)  
 WT: 276.8 lb [125.8 kg] (07/08/2014 11:15)  
 HEIGHT: 70 in [177.8 cm] (02/27/2014 10:12)  
 PAIN: 1 (08/02/2014 20:50)  
 PULSE OXIMETRY:

Measurement DT POx  
 (L/MIN) (%)  
 08/02/2014 20:50 92

**Medication:****Active Outpatient Medications (including Supplies):**

| Outpatient Medications  | Status |
|---|--------|
| 1) ACETAMINOPHEN 325MG TAB TAKE TWO TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN   | ACTIVE |
| 2) ALBUTEROL 100/IPRATRO 20MCG 120D PO INHL INHALE 1 PUFF ORAL INHALATION FOUR TIMES DAILY ***PLEASE NOTE NEW FORMULATION AND NEW DIRECTIONS***                 | ACTIVE |
| 3) ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR HEART AND CIRCULATION   | ACTIVE |
| 4) BUDESONIDE 80/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS VIA ORAL INHALER DEVICE EVERY 12 HOURS RINSE MOUTH WITH WATER AND SPIT AFTER EVERY DOSE. SHAKE WELL (5 | ACTIVE |

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
 Redacted

VISTA Electronic Medical Documentation

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: EMERGENCY DEPT LEVEL 1/2 DISCHARGE NOTE  
 STANDARD TITLE: URGENT CARE EDUCATION DISCHARGE NOTE  
 DATE OF NOTE: AUG 02, 2014@20:50 ENTRY DATE: AUG 02, 2014@20:50:20  
 AUTHOR: CASHION,MEDFORD EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

**Instructions:**

DX: HEAD INJURY, WITHOUT CONCUSSION, CONTUSION FOREHEAD, ON WARFARIN  
 PLAN: SEE CARENOTE. FOLLOWUP URGENT CARE AUG 4 FOR THIS INJURY.

**Released to:**

Home

**Follow up (by patient):**

other:

**--Scheduled Appointments:**

08/04/2014 14:00 DERM FOLLOW UP  
 08/06/2014 11:20 SPO PHARMACIST CLINIC 3  
 08/06/2014 13:30 POD FOOT TECH  
 08/15/2014 11:30 URO HEATON  
 08/27/2014 11:30 MHC LOCUMS-A  
 09/04/2014 11:00 SPO CPAP B  
 10/09/2014 13:00 URO HEATON

**Condition:**

stable

**Medication Reconciliation:**

No medication changes made during this visit. Medication reconciliation done with patient/caregiver. List of current medications:

**Active Outpatient Medications (including Supplies):**

| Outpatient Medications  | Status |
|---|--------|
| 1) ACETAMINOPHEN 325MG TAB TAKE TWO TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN   | ACTIVE |
| 2) ALBUTEROL 100/IPRATRO 20MCG 120D PO INHL INHALE 1 PUFF ORAL INHALATION FOUR TIMES DAILY ***PLEASE NOTE NEW FORMULATION AND NEW DIRECTIONS***   | ACTIVE |
| 3) ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR HEART AND CIRCULATION   | ACTIVE |
| 4) BUDESONIDE 80/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS VIA ORAL INHALER DEVICE EVERY 12 HOURS RINSE MOUTH WITH WATER AND SPIT AFTER EVERY DOSE. SHAKE WELL (5 SECONDS) BEFORE EACH USE. | ACTIVE |
| 5) BUPROPION HCL 100MG TAB TAKE ONE AND ONE-HALF TABLETS BY MOUTH TWICE DAILY (AT 6 AM AND 2 PM) FOR  | ACTIVE |

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
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- DEPRESSION, ANXIETY, SMOKING.
- 6) CLOBETASOL PROPIONATE 0.05% CREAM APPLY SMALL AMOUNT ACTIVE  
TOPICALLY TWO TIMES DAILY AS NEEDED FOR ITCHING. DO  
NOT APPLY TO FACE, GROIN, ARMPITS
  - 7) DIGOXIN 0.25MG TAB TAKE ONE TABLET BY MOUTH AT ACTIVE  
BEDTIME
  - 8) DILTIAZEM (INWOOD) 240MG SA CAP TAKE ONE CAPSULE BY ACTIVE  
MOUTH TWICE A DAY FOR BLOOD PRESSURE CONTROL. HOLD  
IF PULSE IS LESS THAN 50.
  - 9) DIVALPROEX 500MG SA(EXTENDED RELEASE)TAB TAKE FOUR ACTIVE  
TABLETS BY MOUTH AT BEDTIME - START WITH ONE  
TABLET FOR THREE DAYS, THEN TWO TABLETS FOR THREE  
DAYS, THEN THREE TABLETS FOR THREE DAYS, THEN FOUR  
TABLETS DAILY FOR MOOD STABILIZATION, ANGER,  
ANXIETY.
  - 10) HYDRALAZINE HCL 25MG TAB TAKE ONE TABLET BY MOUTH ACTIVE  
TWICE A DAY FOR BLOOD PRESSURE CONTROL
  - 11) HYDROCODONE 5MG/ACETAMINOPHEN 325MG TAB TAKE 1 TABLET ACTIVE  
BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN RELIEF.
  - 12) HYDROCODONE 5MG/ACETAMINOPHEN 325MG TAB TAKE 1 TABLET PENDING  
BY MOUTH EVERY 6 HOURS AS NEEDED
  - 13) LIDOCAINE 4% TOP CREAM APPLY SMALL AMOUNT TOPICALLY ACTIVE  
TWO TIMES DAILY AS NEEDED
  - 14) LISINAPRIL 40MG TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE  
DAY FOR BLOOD PRESSURE CONTROL
  - 15) MENTHOL/M-SALICYLATE 10-15% TOP CREAM APPLY SMALL ACTIVE  
AMOUNT TOPICALLY EVERY DAY
  - 16) MENTHOL/M-SALICYLATE 10-15% TOP CREAM APPLY SMALL PENDING  
AMOUNT TOPICALLY EVERY DAY
  - 17) PHENAZOPYRIDINE HCL 100MG TAB TAKE TWO TABLETS BY ACTIVE  
MOUTH TWO TIMES DAILY AS NEEDED FOR BLADDER PAIN  
AND BURNING
  - 18) SILVER SULFADIAZINE 1% CREAM APPLY SMALL AMOUNT ACTIVE  
TOPICALLY TWO TIMES DAILY AS NEEDED FOR DOT/SPOT ON  
SKIN SORE UNTIL HEALED
  - 19) SIMVASTATIN 40MG TAB TAKE ONE-HALF TABLET BY MOUTH AT ACTIVE  
BEDTIME FOR CHOLESTEROL
  - 20) TRAMADOL HCL 50MG TAB TAKE ONE TABLET BY MOUTH EVERY ACTIVE  
6 HOURS AS NEEDED FOR PAIN
  - 21) WARFARIN NA (GOLDEN STATE) 5MG TAB TAKE TWO TABLETS ACTIVE  
BY MOUTH SUNDAY, TUESDAY, THURSDAY, AND SATURDAY  
AND TAKE ONE AND ONE-HALF TABLETS MONDAY, WEDNESDAY  
AND FRIDAY OR AS DIRECTED BY ANTICOAG CLINIC TO  
PREVENT CLOTS

Patient/Relative or patients representative has received a copy of these instructions and indicates understanding of these instructions.

/es/ Medford Cashion

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

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# Progress Notes

Printed On Aug 08, 2014

M.D.

Signed: 08/02/2014 20:52

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
Redacted

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: EMERGENCY DEPT LEVEL 1/2 NOTE

STANDARD TITLE: URGENT CARE NOTE

DATE OF NOTE: AUG 02, 2014@20:43

ENTRY DATE: AUG 02, 2014@20:43:49

AUTHOR: CASHION, MEDFORD

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECTIVE: 70m c/o head injury. He was just discharged from this ER, and was using his crutches, when he fell into the bike rack out in our parking lot having tripped. A witness says his head went through the bike rack. Pt states his head hit the pavement but he wasn't knocked out. He has no headache and no neck or back pain, in fact no new pain. .

Emergency Room nurses note reviewed.

Most recent Primary Care provider's note reviewed.

Objective:

Computerized Problem List is the source for the following:

1. CA URETER
2. Blood in urine (SNOMED CT 34436003)
3. Spontaneous ecchymosis (SNOMED CT 302228007)
4. VENOUS INSUFFICIENCY
5. Encounter for Therapeutic Drug Monitoring (ICD-9-CM V58.83)
6. Long Term (current) use of Anticoagulants (ICD-9-CM V58.61)
7. MILLIUM
8. Atrial Fibrillation \* (ICD-9-CM 427.31)
9. Chronic Obstructive Pulmonary Disease \* (ICD-9-CM 496.)
10. Hypertension \* (ICD-9-CM 401.9)
11. Obstructive Sleep Apnea (Adult) (Pediatric) (ICD-9-CM 327.23)
12. NEURODEMATITIS
13. Hyperlipidemia \* (ICD-9-CM 272.4)
14. Heartburn \* (ICD-9-CM 787.1)
15. Hypertrophy (Benign) of Prostate without Urinary obstruction (ICD-9-CM 600.00)
16. BIPOLAR I, UNSPECIFIED
17. Posttraumatic Stress Disorder
18. Osteoarthritis, generalized
  - Bilateral hip hemiarthroplasty with replacements
  - Severe AO glenohumeral joints bilaterally
19. Tobacco Use Disorder

## RECENT OUTPATIENT MEDICATIONS:

Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
 Redacted

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: EMERGENCY DEPT LEVEL 1/2 DISCHARGE NOTE  
 STANDARD TITLE: URGENT CARE EDUCATION DISCHARGE NOTE  
 DATE OF NOTE: AUG 02, 2014@19:27 ENTRY DATE: AUG 02, 2014@19:27:10  
 AUTHOR: CASHION,MEDFORD EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

**Instructions:**

DX: STRAIN AND CONTUSION LEFT KNEE PLAN: RX NORCO 5 #6 TAKEHOME AND #  
 16 AT WINDOW. MUST USE YOUR KNEE IMMOBILIZER AND CRUTCHES. CONTINUE TO  
 ICE AND ELEVATE. ORTHO CONSULT FOR AUG 4.

**Released to:**

Home

**Follow up (by patient):**

other:

**--Scheduled Appointments:**

08/04/2014 14:00 DERM FOLLOW UP  
 08/06/2014 11:20 SPO PHARMACIST CLINIC 3  
 08/06/2014 13:30 POD FOOT TECH  
 08/15/2014 11:30 URO HEATON  
 08/27/2014 11:30 MHC LOCUMS-A  
 09/04/2014 11:00 SPO CPAP B  
 10/09/2014 13:00 URO HEATON

**Condition:**

stable

**Medication Reconciliation:**

Below is list of current medications. Patient/caregiver will notify any  
 other health care provider(s) of changes. Medications reconciled with  
 patient/caregiver and patient given this updated list.

Active Outpatient Medications (including Supplies):

| Outpatient Medications   | Status |
|--|--------|
| 1) ACETAMINOPHEN 325MG TAB TAKE TWO TABLETS BY MOUTH<br>EVERY 6 HOURS AS NEEDED FOR PAIN   | ACTIVE |
| 2) ALBUTEROL 100/IPRATRO 20MCG 120D PO INHL INHALE 1<br>PUFF ORAL INHALATION FOUR TIMES DAILY ***PLEASE<br>NOTE NEW FORMULATION AND NEW DIRECTIONS***  | ACTIVE |
| 3) ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH EVERY<br>DAY FOR HEART AND CIRCULATION   | ACTIVE |
| 4) BUDESONIDE 80/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS<br>VIA ORAL INHALER DEVICE EVERY 12 HOURS RINSE MOUTH<br>WITH WATER AND SPIT AFTER EVERY DOSE. SHAKE WELL (5<br>SECONDS) BEFORE EACH USE. | ACTIVE |

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
 Redacted

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: PROGRESS NOTE  
STANDARD TITLE: COMMUNICATION NOTE  
DATE OF NOTE: AUG 02, 2014@19:11 ENTRY DATE: AUG 02, 2014@19:11:39  
AUTHOR: CASHION,MEDFORD EXP COSIGNER:  
URGENCY: STATUS: COMPLETED  
SUBJECT: ED Progress

S: 70m fell onto left knee from 2 steps high on July 27. Has been using crutches, painful to touch down, lots of swelling and bruising. Denies f/c.

O: Swelling purplish discoloration distal L thigh to foot, esp post. No red streak but there is reddish poss chronic discoloration ant leg. L knee shows mod effusion, flexes to ~80, extends to 0, tender med joint line but not lat, medial and ant lig stress painful.

xray l knee neg for fx. US LLE done at HF neg for dvt.

A/P: Strain and contusion left knee, extensive ecchymosis due to warfarin. Pt has crutches with him and knee immobilizer at home. He has reasonable transportation and assist from nearby friends in hometown of Rosalia. Can get to bathroom he says, and has been up in ER walking with one crutch.

rx hc/apap 5/325 #6 takehome, #12 at window. use crutches and knee immobilizer. consult to ortho. pt wants to see Aug 4 when he is here for derm.

/es/ Medford Cashion  
M.D.

Signed: 08/02/2014 19:21

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: NURSE MEDICATION MANAGEMENT-OUTPT  
STANDARD TITLE: NURSING MEDICATION MGT NOTE  
DATE OF NOTE: AUG 02, 2014@13:03 ENTRY DATE: AUG 02, 2014@13:03:46  
AUTHOR: PALMER, JILL R EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

\*\*\* NURSE MEDICATION MANAGEMENT-OUTPT Has ADDENDA \*\*\*

1300 lasix 80mg given po

/es/ JILL R PALMER  
R.N.

Signed: 08/02/2014 13:04

08/02/2014 ADDENDUM

STATUS: COMPLETED

1530 urine output 700ml

1535 warfarin 5mg po given. enoxaparin 100mg Sub Q to L side of abd given.

/es/ JILL R PALMER  
R.N.

Signed: 08/02/2014 15:51

08/02/2014 ADDENDUM

STATUS: COMPLETED

1930 Hydrocodone/APAP 5/325mg PO #6 given for vet's take home use per Dr.  
Cashion order.

/es/ KARLA S LINTON  
LPN

Signed: 08/02/2014 19:45

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: EMERGENCY DEPT LEVEL 1/2 NOTE  
STANDARD TITLE: URGENT CARE NOTE  
DATE OF NOTE: AUG 02, 2014@12:40 ENTRY DATE: AUG 02, 2014@12:40:55  
AUTHOR: MCMANUS, SHEA E EXP COSIGNER:  
URGENCY: STATUS: COMPLETED

S:PT C/O FALLING APPROX 2 FT OFF OF STAIRS LAST WEEK ONTO KNEES WITH LEFT KNEE PAIN

AND SWELLING INCREASING OVER THE LAST FEW DAYS. PT ON COUMADIN FOR CHRONIC ATRIAL

FIBRILLATION WITH LAST INR 7/21/14 OF 3.8. PT DENIES ANY OTHER SXS.

Emergency Dept. nurses note reviewed.

Most recent Primary Care provider's note reviewed.

PROBLEM LIST / MEDICATIONS:

Computerized Problem List is the source for the following:

1. CA URETER
2. Blood in urine (SNOMED CT 34436003)
3. Spontaneous ecchymosis (SNOMED CT 302228007)
4. VENOUS INSUFFICIENCY
5. Encounter for Therapeutic Drug Monitoring (ICD-9-CM V58.83)
6. Long Term (current) use of Anticoagulants (ICD-9-CM V58.61)
7. MILLIUM
8. Atrial Fibrillation \* (ICD-9-CM 427.31)
9. Chronic Obstructive Pulmonary Disease \* (ICD-9-CM 496.)
10. Hypertension \* (ICD-9-CM 401.9)
11. Obstructive Sleep Apnea (Adult) (Pediatric) (ICD-9-CM 327.23)
12. NEURODEMATITIS
13. Hyperlipidemia \* (ICD-9-CM 272.4)
14. Heartburn \* (ICD-9-CM 787.1)
15. Hypertrophy (Benign) of Prostate without Urinary obstruction (ICD-9-CM 600.00)
16. BIPOLAR I, UNSPECIFIED
17. Posttraumatic Stress Disorder
18. Osteoarthritis, generalized  
Bilateral hip hemiarthroplasty with replacements  
Severe AO glenohumeral joints bilaterally
19. Tobacco Use Disorder

RECENT OUTPATIENT MEDS:

Active and Recently Expired Outpatient Medications (including Supplies):

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
Redacted

VISTA Electronic Medical Documentation

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# Progress Notes

Printed On Aug 08, 2014

33 Total Medications

ALLERGIES: Patient has answered NKA

O:

## VITALS:

TEMP: 97.5 F [36.4 C] (07/08/2014 11:15)

RESP: 14 (08/02/2014 11:03)

PULSE: 83 (08/02/2014 11:03)

BP: 116/80 (08/02/2014 11:03)

WT: 276.8 lb [125.8 kg] (07/08/2014 11:15)

HEIGHT: 70 in [177.8 cm] (02/27/2014 10:12)

PAIN: 9 (08/02/2014 11:03)

## PULSE OXIMETRY:

Measurement DT POx  
(L/MIN) (%)

08/02/2014 11:03 92

GEN: INAD

HEENT: Normocephalic w/o masses or trauma, PERRLA, Sclerae and conjunctivae normal, Nose, mouth, oropharynx normal

## CHEST:

Equal expansion bilaterally

Clear to auscultation

CARDIOVASCULAR: palpation normal, irregular rhythm, no rub, gallop or murmur

3+ EDEMA LEFT LEG UP TO PELVIS/ + ANASARCA

ABDOMINAL: soft, positive bowel sounds, not tender, no fluid, without masses, liver normal, spleen not palpable, no hernia

Fecal occult blood test (FOBT)

Result was Not performed.

Internal QC check (IQC) was OK.

NEUROLOGICAL: CN II-XII grossly intact, Reflexes 2+ and symmetrical, Motor 5/5 upper extremities, motor 5/5 lower extremities

## MUSCULOSKELETAL:

LEFT LEG WITH ECCYMOSES AND SEVERE ANASARCA/EDEMA

## PSYCHIATRIC:

Mood and affect appropriate. Patient oriented X 3.

LABS: Report Released Date/Time: Aug 02, 2014@13:38

Provider: MCMANUS, SHEA E

Specimen: BLOOD\*. CH 0802 28

Specimen Collection Date: Aug 02, 2014@13:02

| Test name | Result | units  | Ref. range | Site Code |
|-----------|--------|--------|------------|-----------|
| SODIUM    | 139    | mmol/L | 135 - 145  | [668]     |
| POTASSIUM | 3.7    | mmol/L | 3.6 - 5.4  | [668]     |

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

VISTA Electronic Medical Documentation

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# Progress Notes

Printed On Aug 08, 2014

LOCAL TITLE: EMERGENCY DEPT TRIAGE NOTE  
 STANDARD TITLE: EMERGENCY DEPT TRIAGE NOTE  
 DATE OF NOTE: AUG 02, 2014@11:04 ENTRY DATE: AUG 02, 2014@11:04:25  
 AUTHOR: PALMER, JILL R EXP COSIGNER:  
 URGENCY: STATUS: COMPLETED

\*\*\* EMERGENCY DEPT TRIAGE NOTE Has ADDENDA \*\*\*

Arrived via:

POV

Walking

CHIEF COMPLAINT: pt fell 1 wk ago, approx 2 ft from deck. c/o L knee, L lower leg, and L ankle pain. presents with swelling to mentioned areas and lateral ankle bruising. rates pain 9/10. pt arrives walking with crutches, transferred to w/c without difficulty. pt escorted to xray by friend.

## VITALS:

TEMP: 97.5 F [36.4 C] (07/08/2014 11:15)

RESP: 14 (08/02/2014 11:03)

PULSE: 83 (08/02/2014 11:03)

BP: 116/80 (08/02/2014 11:03)

WT: 276.8 lb [125.8 kg] (07/08/2014 11:15)

HEIGHT: 70 in [177.8 cm] (02/27/2014 10:12)

PAIN: 9 (08/02/2014 11:03)

## PULSE OXIMETRY:

Measurement DT POx  
 (L/MIN) (%)

08/02/2014 11:03 92

## Medication:

## Active Outpatient Medications (including Supplies):

| Outpatient Medications  | Status |
|---|--------|
| 1) ACETAMINOPHEN 325MG TAB TAKE TWO TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN   | ACTIVE |
| 2) ALBUTEROL 100/IPRATRO 20MCG 120D PO INHL INHALE 1 PUFF ORAL INHALATION FOUR TIMES DAILY ***PLEASE NOTE NEW FORMULATION AND NEW DIRECTIONS***   | ACTIVE |
| 3) ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR HEART AND CIRCULATION   | ACTIVE |
| 4) BUDESONIDE 80/FORMOTER 4.5MCG 120D INH INHALE 2 PUFFS VIA ORAL INHALER DEVICE EVERY 12 HOURS RINSE MOUTH WITH WATER AND SPIT AFTER EVERY DOSE. SHAKE WELL (5 SECONDS) BEFORE EACH USE. | ACTIVE |
| 5) BUPROPION HCL 100MG TAB TAKE ONE AND ONE-HALF TABLETS  | ACTIVE |

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

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# Progress Notes

Printed On Aug 08, 2014

## DISPOSITION:

Outpatient to be seen by next available provider.

Patient positively identified using two identifiers prior to placing wristband on patient. Patient advised and understands that the wristband should be destroyed upon discharge because it contains sensitive patient identification information.

Veteran declares they are SENSITIVE to latex: No  
Medication list reviewed with veteran.

No changes required in medication list after review.

Alcohol use assessment

Veteran doesn't use alcohol.

Currently using tobacco products. Type: 1 pk/d

Behavioral Health Assessment

Suicide/Violence Risk Assessment:

1. Veteran feels hopeless about the present or future. No
2. Has Veteran ever had a suicide attempt? No
3. Has Veteran had thoughts about taking his/her life or harming others in the past 12 months?

Answers "NO" to having thoughts of suicide or harming others.

/es/ JILL R PALMER

R.N.

Signed: 08/02/2014 11:08

08/02/2014 ADDENDUM

STATUS: COMPLETED

1225 pt escorted to ER room 117 via w/c. pt transfered to stretcher without difficulty. L leg elevated.

1300 lab here to draw blood. EKG done by Craig, given to Dr Mc Manus.

/es/ JILL R PALMER

R.N.

Signed: 08/02/2014 13:03

08/02/2014 ADDENDUM

STATUS: COMPLETED

1310 EKG done; handed to provider for review.

/es/ Craig S. Burton

ICT

Signed: 08/02/2014 13:36

08/02/2014 ADDENDUM

STATUS: COMPLETED

1635 pt in waiting room, "i am waiting for the ambulance." explained to patient importance of staying in bed with leg elevated. pt refused, stated "i am sorry to give you a hard time but i do not want to." dr macmanus notified.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

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# Progress Notes

Printed On Aug 08, 2014

/es/ CHARINA B DELEON

RN, BSN

Signed: 08/02/2014 16:39

08/02/2014 ADDENDUM

STATUS: COMPLETED

1740 ambulance here to take pt to HFH for ultrasound of lower legs.

/es/ JILL R PALMER

R.N.

Signed: 08/02/2014 17:44

08/02/2014 ADDENDUM

STATUS: COMPLETED

1845 pt returned to ER via stretcher/ambulance to ER room 117.

/es/ JILL R PALMER

R.N.

Signed: 08/02/2014 19:05

08/02/2014 ADDENDUM

STATUS: COMPLETED

1915 IV dc'd, cath intact. report given to Karla.

/es/ JILL R PALMER

R.N.

Signed: 08/02/2014 19:20

08/02/2014 ADDENDUM

STATUS: COMPLETED

2005 Vet d/c'd ambulatory using crutches to home via POV accompanied by friend with all personal belongings. NAD noted at time of dc. Verbalized understanding of all discharge instructions.

/es/ KARLA S LINTON

LPN

Signed: 08/02/2014 20:13

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

VISTA Electronic Medical Documentation

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# Consult Requests

Printed On Aug 08, 2014

Current Pat. Status: Outpatient  
 Primary Eligibility: SERVICE CONNECTED 50% to 100%(VERIFIED)  
 Patient Type: SC VETERAN  
 OEF/OIF: NO

Service Connection/Rated Disabilities  
 SC Percent: 70%  
 Rated Disabilities: POST-TRAUMATIC STRESS DISORDER (50%)  
 ECZEMA (30%)

## Order Information

To Service: ORTHO OUTPATIENT  
 Attention: FICKERT, MARK R  
 From Service: WALK IN ER PROCEDURE  
 Requesting Provider: CASHION, MEDFORD  
 Service is to be rendered on an OUTPATIENT basis  
 Place: Consultant's choice  
 Urgency: Next available  
 Earliest Appr. Date: Aug 04, 2014  
 Orderable Item: ORTHO OUTPATIENT  
 Consult: Consult Request  
 Provisional Diagnosis: knee strain  
 Reason For Request:  
 pain, swelling, unable to bear weight after fall onto left knee July 27.

## Inter-facility Information

This is not an inter-facility consult request.

Status: DISCONTINUED  
 Last Action: PRINTED TO

| Facility Activity       | Date/Time/Zone | Responsible Person | Entered By         |
|-------------------------|----------------|--------------------|--------------------|
| CPRS RELEASED ORDER     | 08/02/14 19:26 | CASHION, MEDFORD   | CASHION, MEDFORD X |
| PRINTED TO PURPLE CLERK | 08/02/14 19:26 |                    |                    |
| RECEIVED                | 08/04/14 09:12 | FICKERT, MARK R    | FICKERT, MARK R    |
| next cons               |                |                    |                    |
| DISCONTINUED            | 08/04/14 15:22 | MOSS, LINDSEY RENE | MOSS, LINDSEY RENE |
| Veteran deceased        |                |                    |                    |
| PRINTED TO PURPLE CLERK | 08/04/14 15:22 |                    |                    |

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
 Redacted

VISTA Electronic Medical Documentation

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# Radiology Reports

Printed On Aug 08, 2014

## TIBIA-FIBULA 2 VIEWS

Exm Date: AUG 02, 2014@11:03

Req Phys: VINCENT, THOMAS M

Pat Loc: WALK IN ER PROCEDURE (Req'g Lo

Img Loc: XRAY

Service: Unknown

(Case 1039 COMPLETE) TIBIA-FIBULA 2 VIEWS

(RAD Detailed) CPT:73590

Proc Modifiers : LEFT

Reason for Study: eval for fx

### Clinical History:

fell last wk. pain to tibia. swelling

Report Status: Verified

Date Reported: AUG 04, 2014

Date Verified: AUG 04, 2014

Verifier E-Sig:

### Report:

Comparison: Knee radiographs from 2/5/2014

Findings: Routine views of the left knee, left tibia and fibula, and left ankle were obtained in addition to an AP weight-bearing view of the right knee. Bony mineralization is normal. There is no radiographic evidence of acute fracture throughout the visualized left lower extremity. There is evidence of a previous, healed fracture of the distal tibial diaphysis. There is an exostosis from the proximal tibial metaphysis which likely reflects an osteochondroma and is unchanged over multiple prior knee radiographs. Ankle mortise is anatomic in alignment. There are no joint effusions at the ankle and knee. Corticated ossicles adjacent to the medial margin of the calcaneus likely sequela of previous injuries. There is generalized lower extremity edema. Platelike heterotopic ossification noted in the proximal dorsal calf musculature, compatible with previous muscular injury.

### Impression:

1. Diffuse lower extremity edema without evidence of acute osseous injury.
2. Unchanged appearance of proximal tibial osteochondroma and sequela of previous distal tibial fracture.

Primary Interpreting Staff:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O  
Redacted

VISTA Electronic Medical Documentation

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# Radiology Reports

Printed On Aug 08, 2014

CHEST-2 VIEW AP/PA-LAT

Exm Date: AUG 02, 2014@12:49

Req Phys: MCMANUS, SHEA E

Pat Loc: WALK IN ER PROCEDURE (Req'g Lo

Img Loc: XRAY

Service: Unknown

(Case 1045 COMPLETE) CHEST-2 VIEW AP/PA-LAT

(RAD Detailed) CPT:71020

Reason for Study: SHOTNESS OF BREATH

Clinical History:

Do in ER

Report Status: Verified

Date Reported: AUG 04, 2014

Date Verified: AUG 04, 2014

Verifier E-Sig:

Report:

Indication: Shortness of breath

Comparison: Chest exams dated January 7, 2013, January 4, 2013,  
and February 27, 2012

Technique: 2 views of the chest

Findings: There is partial visualization of a left humeral  
prosthesis. A surgical clip overlies the left glenoid.

The patient is slightly rotated. The trachea projects slightly  
left of midline. The cardiomediastinal silhouette is stable in  
appearance. The lungs are hyperexpanded, unchanged. There is  
prominence of the central vasculature, right greater than left,  
without overt changes of pulmonary edema. There is no focal  
consolidation, pneumothorax, or pleural effusion.

The osseous structures are stable in appearance. Remote anterior  
fracture deformities are seen involving several right-sided ribs,  
unchanged.

Impression:

Mild prominence of the central vasculature without overt changes  
of pulmonary edema.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, If available)

WRIGHT, STEVEN O  
Redacted

VISTA Electronic Medical Documentation

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# Lab Results

Printed On Aug 08, 2014

| BLOOD   | Aug 02<br>2014<br>13:02 | Units     | Reference<br>Ranges |
|---------|-------------------------|-----------|---------------------|
| PRTIME  | 18.0 H                  | Sec       | 11.4 - 14.3         |
| INR     | 1.50 H                  |           | .8 - 1.14           |
| aPTT    | 28.2                    | Sec       | 23.8 - 42.3         |
| DDIMQNT |                         | ug/mL FEU | 0 - .49             |
| FIBRI   |                         | mg/dL     | 180 - 450           |
| D-DIMTR |                         | ng/mL     | 0 - 400             |

Comments:

C

c. Evaluation for INR:

The International Normalized Ratio (INR) is recommended in monitoring oral anticoagulant therapy. The recommended adult therapeutic range for INR is: 2.0-3.0

Interpretive comments changed 2-18-10.

Evaluation for PRTIME:

Prior to 11-20-13:

Reference ranges were 12.0-14.9

Prior to 2/18/10:

Reference Ranges were 11.7-14.4 &

Adult therapeutic range: 23.2 to 32.0 Sec

Evaluation for aPTT:

Heparin therapeutic range: 45.9 to 67.3 Sec.

Ordering Provider: Shea E Mcmanus MD

Report Released...: Aug 02, 2014@13:25

Performing Lab...: SPOKANE VAMC [CLIA# 50D0988115]

4815 N. ASSEMBLY SPOKANE, WA 99205-6185

----- BLOOD BANK -----

\*\*\* [LEGACY VISTA BLOOD BANK REPORT] \*\*\*

The following historical information comes from the Legacy VISTA Blood Bank System

It represents data collected prior to the installation of VBECS. Some of the information

in this report may have been duplicated in the VBECS report above (if available).

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WRIGHT, STEVEN O

Redacted

VISTA Electronic Medical Documentation

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